



RELEASE OF INTEREST / POWER OF ATTORNEY

VEHICLE PLATE/VESSEL REG. NO.		VEHICLE OR HULL IDENTIFICATION NUMBER (VIN OR HIN)	
YEAR	MAKE	SERIES/BODY TYPE	TITLE NUMBER

RELEASE OF INTEREST

LIENHOLDER'S RELEASE OF INTEREST

REQUIRES NOTARIZATION/CERTIFICATION, UNLESS A BUSINESS ENTITY

MUST BE ACCOMPANIED BY CERTIFICATE OF TITLE OR COMPLETED, NOTARIZED/CERTIFIED AFFIDAVIT OF LOSS OF TITLE, FORM TD-420-040.

I (We) release all interest in the above described vehicle/vessel.

TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY SIGNATURE OF PERSON RELEASING INTEREST TITLE FOR BUSINESS / COMPANY

TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY SIGNATURE OF PERSON RELEASING INTEREST TITLE FOR BUSINESS / COMPANY

REGISTERED OWNER'S RELEASE OF INTEREST

REQUIRES NOTARIZATION/CERTIFICATION

I (We) release all interest in the above described vehicle/vessel.

TYPE OR PRINT NAME OF REGISTERED OWNER SIGNATURE OF REGISTERED OWNER

TYPE OR PRINT NAME OF REGISTERED OWNER SIGNATURE OF REGISTERED OWNER

NOTARY SEAL OR STAMP

NOTARIZATION / CERTIFICATION

State of Washington Signed or attested
County of _____ before me on _____

by _____ Signature _____
Printed Name of Person Signing Document Notary / Agent Signature

Notary's Name (PRINTED or STAMPED) _____

Title _____ Dealer No. OR
AND: County / Office No. OR
Notary / Agent Notary Expiration Date

POWER OF ATTORNEY

REQUIRES NOTARIZATION/CERTIFICATION

TO: THE DEPARTMENT OF LICENSING

Title & Registration Services

Olympia, Washington

And To Whom It May Concern:

I appoint _____ to act as my attorney-in-fact to sign all papers and documents that may be necessary in order to secure, or release, Washington title and/or registration for the vehicle/vessel described above. I agree to guarantee and save the State of Washington, and the Director of Licensing, from all responsibility for any legal action which might arise from the issuance of a Washington certificate of title and/or registration for this vehicle/vessel.

TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY * DOL CUSTOMER ACCOUNT NUMBER

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NOTARY SEAL OR STAMP

NOTARIZATION / CERTIFICATION

State of Washington Signed or attested
County of _____ before me on _____

by _____ Signature _____
Printed Name of Person Signing Document Notary / Agent Signature

Notary's Name (PRINTED or STAMPED) _____

Title _____ Dealer No. OR
AND: County / Office No. OR
Notary / Agent Notary Expiration Date

POWER OF ATTORNEY

* The DOL CUSTOMER ACCOUNT NUMBER is found on the Washington Driver's License or Identification Card (12 characters), or if the owner is a business, it will be the UBI number found on the business Registration and License Document (9 digits).

The Department of Licensing has a policy of providing equal access to its services. If you need special accomodation, please call (360) 902-3600 or TTY (360) 664-8885.